



# TOWN OF EAST HAMPTON

159 Pantigo Road  
East Hampton, New York 11937  
Office: (631)324-2417  
Fax: (631)324-3085

John Rooney  
Superintendent of Recreation

## Competitive Pickleball

**Who:** Adults

**When:** Starting July 1, 2017

**Sundays:** COED - 10:00am – 11:45am

**Mondays:** COED – 5:30pm – 7:00pm

**Tuesdays:** Women – 10:00am – 11:30am  
Men – 11:30am - 1:00pm

**Wednesdays:** COED – 5:30pm – 7:00pm

**Thursdays:** Men – 9:45am – 11:45am

**Fridays:** COED – 10:45am – 12:00pm

**Saturdays:** Women – 9:45am – 11:45am

**Requirements:**

1. Must Know the Rules
2. Know How to Keep Score
3. Have the Necessary Skill Level to Compete

**Where:** Montauk Playhouse

**Fee:** Free

**Registration:** Parks & Recreation Department or Montauk Playhouse  
Monday-Friday 8am-4pm

Please sign up with **NOTIFY ME** on the East Hampton Town website. Select “Recreation” under the “Calendar” category to receive Recreation Program Information throughout the year.

[www.ehamptonny.gov](http://www.ehamptonny.gov)

# TOWN OF EAST HAMPTON

## WAIVER OF LIABILITY

\_\_\_\_\_  
NAME

I am participating in the TOWN OF EAST HAMPTON'S , a program sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in participating in this program, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program, as well as its elected and appointed officials, harmless from liability resulting from my participation in this program.

SEX: ☐ MALE  
☐ FEMALE

ADDRESS: \_\_\_\_\_

TELEPHONE #: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE:     /     /

SIGNATURE: \_\_\_\_\_

Would you like to receive emails for Recreation Programs throughout the year?

YES: \_\_\_\_\_ NO: \_\_\_\_\_